Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	M M / D D / Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	07 01 2014 Amount
City State Zip Code Char NC 28215	50.00 Transaction ID : 7ee91af7-eede-41b3-8
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Belinda Blake	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	07 01 2014
· ·	Amount
City State Zip Code	9.30
Char NC 28215	<b>Transaction ID : d6becdb8-fbc2-4f6b-8</b> Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ 002	M M / D D / Y Y Y Y
Mileage Type 002	07 01 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	rsement For: Primary X General
Per Election for Office Sought 139441.05 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	59.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	7 02 2014
Signature [Electronically Filea] Date 0	7 02 2014

Schedule E)				PAGE 2 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee Sharon Lloyd			M	of Public Distribution/Dissemination
Mailing Address 4301 Lankford			Amour	07 01 2014 nt
City	State	Zip Code		20.00
Springdale	AR	72762		action ID : ceee9263-decc-41a8-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	13949.21	Disbursement 2014 Ot	reference : For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Sharon Lloyd			M	07  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4301 Lankford			Amou	nt
City	State	Zip Code		2.04
Springdale	AR	72762		ction ID: 5fb9cda3-6d47-4eb8-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	13949.21	Disbursement 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	9S			22.04
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>.</b>	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	e 07	02 / 2014

Schedule E)	PENT EXTEND	TI ONLO	PAGE 3 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 01 7 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	25.00
Lenoir	NC	28645	Transaction ID: 827852bb-26a0-4dca-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 01 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7,	139441.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	1.80
Lenoir	NC	28645	Transaction ID: 41da317b-639f-455c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 01 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		26.80
(b) SURTOTAL of Uniterprized Independent Eve	oondituros		
(b) SUBTOTAL of Unitermized Independent Exp	periolitures		·
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	II EXI END	TOTILO		PAGE 4 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Jonathan Odette				07
Mailing Address 9600 Earpsboro Chamblee Road			Amoun	t
City	State	Zip Code		50.00
Wendell	NC	27591		action ID : d2f236f1-c764-4eed-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, 1	39441.05	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee	_		Date o	f Public Distribution/Dissemination
Jonathan Odette				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road	d		Amour	nt
City	State	Zip Code		11.10
Wendell	NC	27591		ction ID : e7eca1db-ad77-446a-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 01 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	139441.05	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			61.10
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 5 OF 48 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	₹ ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Lorri Anderson			07	Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code	50.0	0
Charlotte	NC	23215	Transaction ID : ae633878-d13a-4efd-a Date of Disbursement or Obligation	3
Purpose of Expenditure Salary		Category/ Type 001	07	Y
Name of Federal Candidate		Support	Office Sought: House District:00	<u> </u>
Ms. Kay Hagan		X Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:	eral
Full Name of Payee			Date of Public Distribution/Disseminatio	n
Lorri Anderson			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code	9.00	
Charlotte	NC	23215	Transaction ID : 1eebd0d5-20c8-4354-b Date of Disbursement or Obligation	,—
Purpose of Expenditure Mileage		Category/ Type 002	07 01 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Kay Hagan		X Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:  Primary	eral
(a) SUBTOTAL of Itemized Independent Expend	itures		59.00	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signaturo				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 6 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			07
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	50.00
Newport	NC	28570	Transaction ID: 75c3d542-a07d-4c32-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			07
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	13.53
Newport	NC	28570	Transaction ID: 4807f3aa-2c03-4afb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		63.53
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataio			

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Anthony Buchanan	M M / D D / Y Y Y Y
Mailing Address 1090 McHone Rd	07 01 2014 Amount
City State Zip Code	20.00
Spruce Pine NC 28777	Transaction ID: e6c3b303-8256-4a4f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 01 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Anthony Buchanan	Date of Public Distribution/Dissemination
Androny Buchanan	07 01 7 2014
Mailing Address 1090 McHone Rd	Amount
City State Zip Code	6.00
Spruce Pine NC 28777	Transaction ID : b0ceb309-aae9-491c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 01 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	26.00
(a) SSS 10 TAL OF NOTINEED INDOPORTION EXPONENTIAL EXP	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O states to
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee Ms. Chassidy Menard	Date of Public Distribution/Dissemination
·	07
Mailing Address 515 Walter Dr.	Amount
City State Zip Code	25.00
Lafayette LA 70507	Transaction ID: 063d6648-e7c4-4c84-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Thomas Sisk	Date of Public Distribution/Dissemination
Thomas Sisk	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3625 Chapelwood Drive	Amount
City State Zip Code	10.00
Gastonia NC 28025	Transaction ID : 6c19b261-8810-4365-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 01 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For: Primary X General  4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	35.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	07 02 2014
Signature	

Schedule E)	PAGE 9 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Thomas Sisk	ate of Public Distribution/Dissemination
Mailing Address 3625 Chapelwood Drive	07 01 2014 nount
Γ	
	1.50  ansaction ID: 0bd99562-08b0-456d-9  ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	07 01   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soil	ught: House District: 00
Me Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For: ☐ Primary ☒ General  Other (specify) ▶
Full Name of Payee Da Branson Cambre	ate of Public Distribution/Dissemination
Mailing Address 117 Middleburg Dr. An	07 01 2014 mount
City State Zip Code	35.00
Lafayette LA 70508 Trai	nsaction ID : 2700fef9-af8c-4b0d-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 01 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary Llandrieu	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	36.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  O7	02 / 2014

Schedule E)	LXI LIND	TOTILO		PAGE 10 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Branson Cambre			M 07	01 / 2014
Mailing Address 117 Middleburg Dr.			Amount	
City	State	Zip Code		13.05
Lafayette	LA	70508		on ID : a9d32095-c698-438d-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	38736.28	Disbursement Fo	or:
Full Name of Payee Emily Butler				Public Distribution/Dissemination
Mailing Adduses			07	01 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code	TI::	32.50
Ayden	NC	28513		on ID : d00fb7da-3c5f-44f7-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	139441.05	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expenditures	S			45.55
,			,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	*
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		02 / 2014
Signaturo				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Emily Butler	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1676 Shady Creek Rd	Amount
	City State Zip Code	9.60
	Ayden NC 28513	Transaction ID : 57951add-d137-49da-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	400444.05	ursement For: Primary X General
	Per Election for Office Sought 139441.05 2014	Other (specify) ▶
	Full Name of Payee  David Ford	Date of Public Distribution/Dissemination
	Mailing Address 106 Hillside St	07 01 2014 Amount
	City State Zip Code	80.00
	Spindale NC 28160	Transaction ID : 4000323d-060a-42ee-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	89.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		07 02 2014
	Signature	للننبا ليا ك

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OF

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Schedule E)	LIVI EXI LIVE	TI OTILO	<u> </u>	PAGE 12 OF 48 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
David Ford			07 /	01 / 2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		6.57
Spindale	NC	28160		: 9347ff6c-8c16-47e5-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / 07	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	139441.05	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public [	Distribution/Dissemination
Mr. Haley Brown			07 /	01 2014
Mailing Address 344 Natalie Drive			Amount	
City	State	Zip Code		20.00
Winston-Salem	NC	27030		4779f4a9-c60e-4988-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen-	ditures			26.57
(,,			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02	2014
Signaturo				

Schedule E)	EXI EIID	1101120		PAGE 13 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000000
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Mr. Haley Brown				f Public Distribution/Dissemination
•				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 344 Natalie Drive			Amour	t
City	State	Zip Code		5.10
Winston-Salem	NC	27030		action ID: 433520dd-1337-4d2e-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	of Dispursement or Obligation    March   Date   Dat
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	139441.05	Disbursement 2014	For: Primary ⊠ General
Full Name of Payee				of Public Distribution/Dissemination
Lisa Booth			М	M / D D / Y Y Y Y
Mailing Address 1434 South Avenue				07 01 2014
			Amour	nt
City	State	Zip Code		60.00
Eden	NC	27288	Transac Date of	ction ID: 35a1e98e-2b32-40e4-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 01 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement 2014 Of	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	ř		•	65.10
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	07	02 / Y = Y = Y = Y = Y = O2
Signature				

So	chedule E)	PAGE 14 OF 48 FOR SE OF FORM 24/48
N/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination
	Mailing Address 1434 South Avenue	07 01 / 2014
	1434 South Avenue	Amount
	City State Zip Code	12.90
	Eden NC 27288	Transaction ID: 5c1d299e-fda1-4d7a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 01 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rebecca Deucher	07 01 7 2014
	Mailing Address 4800 Vass Carthage Rd	Amount
	City State Zip Code	45.00
	Carthage NC 28394	Transaction ID : 362136c5-5b0a-4881-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 01 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	57.90
		7 7 7
	(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mount, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature 9	

Schedule E)	<b>L</b> /(. L.(.)			PAGE 15 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
20			w4 £:1	lad as M M M / D D / Y Y Y Y Y
Check if 24-hour report X 48-hour report	X New repo	ort Amenas	report fil	led on
Full Name of Payee Rebecca Deucher				Date of Public Distribution/Dissemination  M M O O O O O O O O O O O O O O O O O
Mailing Address 4800 Vass Carthage Rd				Amount
City	State	Zip Code		5.55
	NC	28394		Transaction ID : 6d1be46c-611a-47e1-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 01 / 2014
Name of Federal Candidate		Suppo	ort Of	ffice Sought: House District:00
Ms. Kay Hagan		X Oppos		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	139441.05	Dis 20	sbursement For:  Primary  General  14  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Mr. Alex Peyton				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd				
				Amount
City	State	Zip Code		60.00
Washington	LA	70589		Transaction ID : 9ceda9d7-c020-41a6-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07
Name of Federal Candidate		Suppo	ort Of	ffice Sought: House District: 00
Ms. Mary L Landrieu		X Oppos		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		38736.28		isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	65.55
(b) SUBTOTAL of Unitemized Independent Expenditure	эs		······ <b>&gt;</b>	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M / D = D / Y = Y = Y = Y = Y = O = O = O = O = O =
Signature		_	-	

Schedule E)	VI EXI END	TIONES	_	AGE 16 OF 48 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Mr. Alex Peyton			07	01 / 2014
Mailing Address 859 Hicks Rd			Amount	
City	State	Zip Code		33.00
Washington	LA	70589		: 9d95afaa-96b0-4ea7-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	38736.28	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Petrina Williams			07 /	01 / 2014
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		51.50
Greensboro	NC	27407		69394f94-b9c2-4ceb-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			84.50
,			4	7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· <b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07	2014
Jigilataio				

Schedule E)	PAGE 17 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report Amends report filed on	W = W / D = D / Y = Y = Y
Full Name of Payee Petrina Williams	ate of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	07 01 7 2014
Ar	mount
City State Zip Code	8.70
	ransaction ID : ff7f204e-2e3d-4657-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:00
Ms Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburses 2014	ment For:
	ate of Public Distribution/Dissemination
Theresa A Touchet	07 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3	0/ 01 2014
	mount
City State Zip Code	27.50
Di	ansaction ID: 8d0c5ff8-2976-409d-a ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07  / 01  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	36.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	02 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	g man
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Theresa A Touchet	Date of Public Distribution/Dissemination
	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3	Amount
City State Zip Code	1.20
New Orleans NC 70124	Transaction ID: e31248ed-5af1-4fc9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 01 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee Steven Jean	Date of Public Distribution/Dissemination
	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave	Amount
City State Zip Code	25.00
Winston Salem NC 27105	Transaction ID: 953fe768-1c7e-4517-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 01 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	26.20
· · · · · · · · · · · · · · · · · · ·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	47- 1-47- 1-47-
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 0	7 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	T EXI END	ITORES		PAGE 19 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sierra Lovell			07	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1059 Overlord Stage road			Amount	
City	State	Zip Code		40.00
Rayville	LA	71269		D: 701cc003-8fe8-464e-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	38736.28	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	: Distribution/Dissemination
Sierra Lovell			07 /	01 / 2014
Mailing Address 1059 Overlord Stage road			Amount	
City	State	Zip Code		4.52
Rayville	LA	71269		: 4169996b-864f-426c-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	38736.28	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			44.52
			7	7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 02	2014
3				

Schedule E)					PAGE 20 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
0	. 🗸 👝		. 🗆 .		-M / D D / Y Y Y Y Y
Check if 24-hou	r report X 48-hour r	eport New rep	ort Amends repo	ort filed on	
Full Name of Pay Tammay W	<sup>/ee</sup> /illiams			М	of Public Distribution/Dissemination
Mailing Address	924 N. Prieur St			Amour	
City		State	Zip Code	— I	45.00
New Orleans		LA	70116		action ID : c514f662-c6e5-4626-8 of Disbursement or Obligation
Purpose of Expe Salary	nditure		Category/ Type 001		07 01 / 2014
Name of Federal	Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Land	rieu		X Oppose	Preside	ent State: LA
Calendar Ye Per Election	ar-To-Date for Office Sought		38736.28	Disbursement 2014 Ot	t For: Primary
Full Name of Pa				Date of	of Public Distribution/Dissemination
Tammay Wi	lliams			М	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	924 N. Prieur St				للنبا لنا لن
				Amoui	nt
City		State	Zip Code		6.00
New Orleans		LA	70116	Transa Date o	ction ID : f1016e68-587a-442a-8 of Disbursement or Obligation
Purpose of Expe Mileage	nditure		Category/ Type 002	М	07
Name of Federa	Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	rieu		X Oppose	Preside	ent Senate State: LA
Calendar Ye Per Election	ar-To-Date for Office Sought	, ,	38736.28	Disbursement 2014 O	t For:
(a) SUBTOTAL of	i Itemized Independent E	Expenditures		· •	51.00
(b) SUBTOTAL of	Unitemized Independer	t Expenditures		. •	7 7 7
(c) TOTAL Indepe	endent Expenditures			•	7 1 7 1 7
with, or at the req		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. E	Emily Buchanan	[Electron	ically Filed] Date	e 07	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC II	DENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M	М	/ D D /	Y = Y = Y
T	Full Name of Payee	Date of	Publi	ic Distribution/	Dissemination
	Edwin H Parnell		)7	01	2014
	Mailing Address 122 Olde Point Rd	Amoun			
-	City State Zip Code				50.00
	Hampsted NC 28443			ID: b0f0bcae ursement or C	-83dd-4621-b
	Purpose of Expenditure Salary  Category/ Type 001	M	)7	/ 01	2014
ľ	Name of Federal Candidate Support Office	Sought:	Γ	House	District: 00
	Ms. Kay Hagan Oppose	Presider	_	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	irsement		Primary	X General
ŀ				pecify)	
	Full Name of Payee  Edwin H Parnell	M	- M	/ D D /	Dissemination
	Mailing Address 122 Olde Point Rd	Amoun	07 t	01	2014
			-		
	City State Zip Code  Hampsted NC 28443	Transco	tion !	D : 3c51dfb4-	7.65
	Purpose of Evpanditure	Date of	Disb	oursement or C	Obligation
	Mileage Category/ Type 002		)7	01	2014
ŀ	Name of Federal Candidate Support Office	Sought:		House	District:00
		Presider		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary	K General
(	(a) SUBTOTAL of Itemized Independent Expenditures		- (2		57.65
(	(b) SUBTOTAL of Unitemized Independent Expenditures			-	
(	(c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	7 /	02	/ Y Y Y 201	4
	Signature	_			

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OF

48

Schedule E)	VI EXI EIVE	ATOTILO		PAGE 22 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lesley Lennox			M 07 /	01 / 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		12.50
Metairie	LA	70001		: ff85441d-969e-46b6-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	38736.28	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lesley Lennox			07	01 / 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		0.90
Metairie	LA	70001		: 18e2e2f0-fad6-4175-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	38736.28	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			13.40
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02	2014
- 9				

Schedule E)	LIVI EXI EIVE	ATOTILO	PAGE 23 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kacie Gleb			07
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	25.00
Ayden	NC	28513	Transaction ID: 77f36ea8-e287-4846-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For:  Primary  General
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination
			07 / 01 / 2014
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	55.00
Ayden	NC	28513	Transaction ID : b2fb3725-8ed4-4e7e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		80.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	PENT EXICITE	ATTOTILES	PAGE 24 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matt Gleb			07
Mailing Address 3815 Robin Road			Amount
City	State	Zip Code	5.40
Ayden	NC	28513	Transaction ID: 0279126a-4180-4716-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Gosch Ellers			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 377 Darlington Ave			Amount
City	State	Zip Code	50.00
Wilmington	NC	28403	Transaction ID : ed392ebe-b98d-4c2e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	iditures		55.40
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	INI EXI EILE	HOHLO		PAGE 25 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Gosch Ellers			Date of P	
Mailing Address 377 Darlington Ave			Amount	
City	State	Zip Code		15.30
Wilmington	NC	28403		on ID : 0e7cfd02-c66c-4011-a isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	Ů
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement Fo	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Roman Rys			M 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 635 Lotarche St			Amount	
City	State	Zip Code		45.00
Greenville	NC	27858		on ID : de95a56e-19f8-430d-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expendit	tures		<b>•</b>	60.30
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		02 2014
Signature	-	_ · · · · · · · · · · · ·		

Schedule E)	EXI END	ITOTILO		PAGE 26 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends	s report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Roman Rys				Date of Public Distribution/Dissemination
Mailing Address 635 Lotarche St				07 01 2014 Amount
City	State	Zip Code		3.66
Greenville	NC	27858		Transaction ID : 1c0e9ef1-f34c-4709-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Supp	ort Offic	e Sought: House District: 00
Ms. Kay Hagan		Х Орро		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	139441.05	Disb 2014	ursement For: Primary General  Other (specify) ▶
Full Name of Payee  Melanie Slagle				Date of Public Distribution/Dissemination
				07 01 7 2014
Mailing Address 77 Southridge Drive				Amount
City	State	Zip Code		13.00
Spruce Pine	NC	28777		Transaction ID : 27e9c0ee-d7a9-4df8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07 / 01 / 2014
Name of Federal Candidate		Supp	ort Offic	ee Sought: House District: 00
Ms. Kay Hagan		X Oppo	ose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	139441.05	Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S			16.66
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·····	7 7 7
(c) TOTAL Independent Expenditures			······	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		07
Signature				

Schedule E)		PAGE 27 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report  48-hour report  New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Melanie Slagle		of Public Distribution/Dissemination
Mailing Address 77 Southridge Drive	Amo	07 01 2014 unt
City State Zip C	ode	3.00
Spruce Pine NC 2877	7 Tran	saction ID : f5a8a559-e9ea-474e-a of Disbursement or Obligation
Purpose of Expenditure Mileage  Cate		07 01 / 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ms. Kay Hagan	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought		nt For:
Full Name of Payee Christopher Marquess  Mailing Address 110 W Pecan St	[	of Public Distribution/Dissemination
	Amo	unt
City State Zip C Ville Platte LA 7058	6 Trans	40.00 saction ID: 4e82609d-204f-4943-8 of Disbursement or Obligation
Purpose of Expenditure Salary Cate	gory/ 001	07 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ms. Mary L Landrieu	Oppose Presi	dent State: LA
Calendar Year-To-Date Per Election for Office Sought	736.28 Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		43.00
(b) SUBTOTAL of Unitemized Independent Expenditures		17171
(c) TOTAL Independent Expenditures	·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	Filed] Date 07	02 / 2014
Signature		

Schedule E)	INI EXI ENE	TI OTILO	PAGE 28 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	29.10
Ville Platte	LA	70586	Transaction ID : 14b2739a-7f6e-4bf9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		38736.28	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Solveig Lysne			07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	24.10
Wilmington	NC	28411	Transaction ID : 0e9b5cb3-b59b-4e5b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 53.20
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	ADEINI EXI END	HONES	PAGE 29 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	8.31
Wilmington	NC	28411	Transaction ID: 54e165dd-a94d-4f85-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Ashlen Sandoz			07 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 204 Ranger Place			Amount
City	State	Zip Code	15.00
Slidell	LA	70115	Transaction ID : fd407b52-bf1a-44a0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		38736.28	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		23.31
			7 7
(b) SUBTOTAL of Unitemized Independent E	expenditures		•
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 30 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	40.00
Mandeville	LA	70471	Transaction ID : 5b5478b3-5061-4b02-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	38736.28	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	3.60
Mandeville	LA	70471	Transaction ID : f59e3ad8-975a-44b1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	38736.28	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		43.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 7 2014
3.ga.a. 0			

Women Speak Out PAC  C coossories  Check If 24-hour report 48-hour report 1 Amends report filled on 1 Amends report filled		icatic Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City Slate Zip Code Mt. Airy North Category Other Salary  Name of Federal Candidate Ms. Kay Hagan  Purpose of Expenditure Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Category Other Specified North Category Ot	VV	omen Speak Out PAC	C C00530766
Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate Senate State: NC 27030  Fell Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date No. C 27030  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Name of Federal Candidate  Mt. Airy NC 27030  Date of Public Distribution/Dissemination  Office Sought House District: 00  Disbussement For: Primary General 2014  Ofter (specify) ▶  Date of Public Distribution/Dissemination  Office Sought House District: 00  President Senate State: NC  Office Sought House District: 00  Disbussement For: Primary General 2014  Amount  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 00  Transaction ID : 7d80001-856e-498b-b Date of Disbussement or Obligation  Office Sought: House District: 0	Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Name of Expenditure Salary Sant-To-Date Per Election for Office Sought  Full Name of Payer Raiph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  President Senate State: NC  Disbursement For: Primary General 2014 Other (specify) ▶  Full Name of Payer Raiph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category 002  Name of Pederal Candidate Mt. Airy NC 27030  Purpose of Expenditure Mileage Support Mt. Airy NC 27030  Name of Payer Category 002  Name of Pederal Candidate Mt. Airy NC 27030  Purpose of Expenditure Mileage Support Mt. Airy NC 27030  Name of Pederal Candidate Mt. Airy NC 27030  Purpose of Expenditure Mileage Support Mt. Airy NC 27030  Category 002  Amount  Transaction ID : 7d0800f0-856e-498b-b Date of Disbursement or Obligation  To 7 01 2014  Amount  Amount  Amount  Other (specify) ▶  Transaction ID : 7d0800f0-856e-498b-b Date of Disbursement or Obligation  Transaction ID : 7d0800f0-856e-498b-b Date of Pederal Candidate Mt. Airy Oppose President Senate State: NC Disbursement For: Primary General Per Election for Office Sought  Transaction ID : 7d0800f0-856e-498b-b Date of Pederal Candidate Mt. Airy Oppose President Senate State: NC Disbursement For: Primary General Per Election for Office Sought  Transaction ID : 7d0800f0-856e-498b-b Date of Pederal Candidate Mt. Airy Other (specify) ▶  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party co	T		Date of Public Distribution/Dissemination
City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary Purpose of Expenditure Salary President Senate State: NC Oppose State State		·	
Mt. Airy  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Caledar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Name of Fe		Mailing Address 2090 Fancy Gap Rd	Amount
Mt. Airy  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Caledar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Name of Federal Candidate  Mt. Airy  Name of Federal Candidate  Name of Fe	-	City State Zip Code	80.00
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC Z7030  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Poderal Candidate  Support  Calegory Type  OD2  Office Sought: House District: OD  Amount  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  Office Sought: House District: OD  President Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  139441.05  Disbursement For: Primary General  Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Entity Buchaman  [Electronically Filed] Date  Office Sought:  House District: OD  President Senate State: NC  Disbursement For: Primary General  Other (specify)  Other (specify)			Transaction ID : 28ea171d-6814-487d-8
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction D: 740900f0-8566-498b-b Date of Disbursement or Obligation  Office Sought: House District: 00 President X senate State: NC  Calendar Year-To-Date Per Election for Office Sought  139441.05  Office Sought: House District: 00 President X senate State: NC  Oppose  Office Sought: Other (specify) Imprinary Address  Oppose  Office Sought: Other (specify) Imprinary Address  Other (specify		Salary Category/ 004	M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Disbursement For: Primary General 2014  Other (specify) ▶  Date of Public Distribution/Dissemination  To Oth Cybect Primary General 2014  Amount  Transaction ID: 740800f0-866e-498b-b Date of Disbursement or Obligation  Transaction ID: 740	Ī	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Off		Ms. Kay Hagan Oppose	
Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ Ms. Kay Hagan  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify)  Date of Public Distribution/Dissemination  14.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  15.64  Amount  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8b6-498b-b Date of Disbursement or Obligation  16.64  Transaction ID: 7d0800f0-8be-498b-b Date of Dis	١	100111 05	
Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought State: NC  Calendar Year-To-Date Per Election for Office Sought State: NC  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ		Other (specify) -
Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ Doze of Expenditure Ms. Kay Hagan Support Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought 139441.05  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  14.64  Transaction ID : 7d0800f0-8b6e-498b-b Date Office Sought: House District: 00  President Senate State: NC  Disbursement For: Primary General 2014  Other (specify)   94.64  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M = M / D = D / Y = Y = Y
Mt. Airy  NC  27030  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  Mor of Category/ Type  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation  Office Sought: House District: 00 President Senate State: NC Disbursement For: Primary General Other (specify)   94.64  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Transaction ID: 7d080001-8b6e-498b-b Date of Disbursement or Obligation  Total Flower President State: NC Disbursement For: Primary General  Other (specify)   94.64	-	Mailing Address 2090 Fancy Gap Rd	
Purpose of Expenditure Mileage  Category/ Mileage  Category/ Type  O2  O7  O7  O1  O7  O7	H	City State Zip Code	14.64
Purpose of Expenditure Mileage    Category/ Type   002	١	Mt. Airy NC 27030	
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   139441.05   Disbursement For:   Primary   General		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC State:
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(a	a) SUBTOTAL of Itemized Independent Expenditures	94.64
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date  **Date**    Date**   Date**	(k	SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    M M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(0	e) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 02 2014	W	ith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[E1 - 4	

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OF

48

Sc	hedule E)	PAGE 32 OF 48 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
_	Full Name of Payee	Date of Dublic Distribution/Discouringtion
	Ms. Tonya Boyd	Date of Public Distribution/Dissemination  07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2357 Fancy Cap Rd	Amount
ŀ	City State Zip Code	80.00
		Transaction ID : a4a58931-6f16-4566-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07 01 / 2014
ı	Name of Federal Candidate Support Office S	Sought: House District:00
	Ms. Kay Hagan Oppose P	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
Γ		Date of Public Distribution/Dissemination
1	Ms. Tonya Boyd	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 2357 Fancy Cap Rd	5. 5. 25
1		Amount
ŀ	City State Zip Code	14.64
		ransaction ID : 5727d29e-a635-4d67-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 / 01 / 2014
ľ	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:  Primary  General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	94.64
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, coarty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	02 / 2014
	Signature	

Sche	dule E)	L/11 -112.	10.120			PAGE 33 OF 48 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M /	D = D / Y = Y = Y
Fu	III Name of Payee			Da	ate of Public	Distribution/Dissemination
F	Rebecca Boyett				07 /	01 2014
Ma	ailing Address 36 Warren Street			Ar	mount	
Ci	ty	State	Zip Code			5.00
	abot	AR	72023			D: a3a6f783-9982-42cf-8 rsement or Obligation
	ırpose of Expenditure alary		Category/ Type 001		07 /	01 / 2014
Na	ame of Federal Candidate		Support	Office So	ught:	House District: 00
М	r. Mark L Pryor		X Oppose	Pre	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		13949.21	Disburser 2014	ment For: Other (spe	Primary
	Ill Name of Payee			Da	ate of Public	Distribution/Dissemination
	Rebecca Boyett				07 /	01 2014
M	ailing Address 36 Warren Street				07	01 2014
				Aı	mount	
Ci	ty	State	Zip Code			0.30
	Cabot	AR	72023	<b>Tra</b>	insaction ID ate of Disbu	: 98138644-070d-4fab-8 rsement or Obligation
	urpose of Expenditure fileage		Category/ Type 002		07 /	01 / 2014
Na	ame of Federal Candidate		Support	Office Sc	ought:	House District: 00
М	lr. Mark L Pryor		X Oppose	Pre	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	13949.21	Disburse 2014	ment For: Other (spe	Primary X General ecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	S		▶	——————————————————————————————————————	5.30
(b)	SUBTOTAL of Unitemized Independent Expenditu	res		···· •		
(c)	TOTAL Independent Expenditures			···· •		7
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Dat	te 07	/ 02	/ Y Y Y Y Y 2014
-;	Signature					

Schedule E)	<b>L</b> /(; <b>L</b> (2)	101.20		PAGE 34 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
	×	. 🗆 .		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed	on
Full Name of Payee Paul Rickert				Date of Public Distribution/Dissemination  O7 01 2014
Mailing Address 710 St. Martins Lane				Amount
City	tate	Zip Code		25.00
	LA	71111		Transaction ID : 5ffcb302-3660-4646-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 0	01	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	t Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	38736.28	Disbu 2014	rsement For: Primary ☐ General  Other (specify) ▶
Full Name of Payee Paul Rickert				Date of Public Distribution/Dissemination
Moiling Address				07 01 / 2014
710 St. Martins Lane				Amount
City	state	Zip Code		3.90
	LA	71111		Transaction ID : eb3a9efe-83e4-4575-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	07  / 01  / 2014 Y
Name of Federal Candidate		Support	t Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	•	President State: LA
Calendar Year-To-Date Per Election for Office Sought		38736.28	Disbu 2014	rsement For:  Primary
			·	
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	28.90
(b) SUBTOTAL of Unitemized Independent Expenditures	s		······ <b>&gt;</b>	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed]	Date 0	7 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	IDENT EX ELLS.	1101120		PAGE 35 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	ort New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee John Voholetz			M = M	lic Distribution/Dissemination
Mailing Address 718 N MacMillan Avenue			Amount	01 2014
City	State	Zip Code		50.00
Wilmington	NC	28803		ID: b31e3b37-4204-4817-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 07	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	139441.05	Disbursement For: 2014 Other (s	Primary
Full Name of Payee John Voholetz  Mailing Address 718 N MacMillan Avenue			Date of Pub  M 07  Amount	lic Distribution/Dissemination
City	State	Zip Code		3.30
Wilmington	NC	28803	Transaction Date of Disk	ID : 50ee12f7-2645-4512-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures		. •	53.30
(b) SUBTOTAL of Unitemized Independent E	Expenditures		· <b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	07 / 02	2014
Signature				

Schedule E)	IN EXILIN	SITORIES	PAGE 36 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	20.00
Shreveport	LA	71119	Transaction ID : da6e8b71-98a8-46c8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 01 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		38736.28	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	7.80
Shreveport	LA	71119	Transaction ID: 993d380a-47f0-4c43-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 01 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	38736.28	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 27.80
,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •
(c) TOTAL Independent Expenditures			·
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 02 7 2014
-			

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		LITT EXILITS			PAGE 37 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE	,				FEC IDENTIFICATION NUMBER ▼
Women Speak C	out PAC				C C00530766
					-M / D D / Y - Y - Y
Check if 24-hour rep	port X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Tarrin Lesaic	herre				of Public Distribution/Dissemination
Mailing Address 629	Radiance Ave			Amou	
City		State	Zip Code		70.00
Metairie		LA	70001		action ID: f7d9b18e-be86-4ba4-8 of Disbursement or Obligation
Purpose of Expenditu Salary	ıre		Category/ Type 001		07
Name of Federal Ca	ndidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			Oppose	Preside	
Calendar Year-To Per Election for			38736.28	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee	- Carro			Date	of Public Distribution/Dissemination
Evelyn Lesaich	ene			IV.	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6	29 Radiance Ave			Amou	nt
City		State	Zip Code	— [	70.00
Metairie		LA	70001	<b>Transa</b> Date	oction ID : 0d66a553-5695-45a4-9 of Disbursement or Obligation
Purpose of Expendit Salary	ure		Category/ Type 001		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	ndidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	
Calendar Year-T Per Election for			38736.28	Disbursemen 2014	ther (specify) ►
(a) SURTOTAL of Ite	mized Independent Expend	diturae			140.00
(a) SUBTUTAL OF IG	пігей іпиерепиеті схрын	ullures		•	140.00
(b) SUBTOTAL of Un	itemized Independent Exp	enditures		·· •	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independe	ent Expenditures				7
with, or at the request		ndidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Date	e 07	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI END	101120			F	PAGE 38	OF 4	18 .8
NAME OF COMMITTEE (In Full)							ON NUMBER	
Women Speak Out PAC						000530766		
Check if 24-hour report X 48-hour report	New repo	ort Amer	nds repoi	rt filed on	- M /	D   D /	Y " Y " Y	Y
Full Name of Payee  Jon Linch					f Public	Distribution/	Dissemination	
Mailing Address 6108 Harkins Ave				Amour	07 nt	01	2014	_
City	Otata	7:- Cada					50.0	00
City S Little Rock	State AR	Zip Code 72210				D: e086a872	50.0 2 <b>-2712-4229</b> - Obligation	_
Purpose of Expenditure Salary		Category/ Type	001		07 /	01	2014	Y
Name of Federal Candidate		Su	pport	Office Sought	: [	House	District: 0	00
Mr. Mark L Pryor			pose	Preside		Senate	State: Al	R
Calendar Year-To-Date Per Election for Office Sought		13949.21		Disbursement 2014 Ot	For: her (spe	Primary ecify) ▶	<b>⊠</b> Gen	neral
Full Name of Payee				Date of	of Public	Distribution	/Disseminatio	on
Jon Linch				М	07 /	01	2014	Y
Mailing Address 6108 Harkins Ave				Amou			2011	_
City	State	Zip Code					19.50	0
Little Rock	AR	72210		Transa Date of	ction ID	: 2e8472d6 rsement or 0	-e428-4c3f-9 Obligation	)
Purpose of Expenditure Mileage		Category/ Type	002		07 /	01	2014	Y
Name of Federal Candidate		Su	ipport	Office Sough	t:	House	District:	00
Mr. Mark L Pryor			ppose	Preside	ent >	Senate	State: A	
Calendar Year-To-Date Per Election for Office Sought		13949.21		Disbursement 2014 O	t For: ther (spe	Primary ecify) ►	Ger	neral
(a) SUBTOTAL of Itemized Independent Expenditures.							69.50	$\overline{}$
					7	7		_
(b) SUBTOTAL of Unitemized Independent Expenditure	es			<b>•</b>	-			
(c) TOTAL Independent Expenditures				<b>•</b>	- 7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized							
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	02	201	4	
Signature								

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Francis Richardson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	nount
City State Zip Code	35.00
Lafayette LA 70503 Tra	ansaction ID : d086cc74-cdbb-438b-a tte of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	1
Full Name of Payee Da	Other (specify) ►ate of Public Distribution/Dissemination
Francis Richardson	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	nount
City State Zip Code	1.50
Da	nsaction ID : a484b2b3-e075-41e0-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 01 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	36.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

48

Schedule E)	ENT EXILIN	DITORILO	PAGE 40 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amy Eddie			07
Mailing Address 5006 Lakeview Road			Amount
City	State	Zip Code	30.00
North Little Rock	AR	72116	Transaction ID: b00f1d62-28f3-4934-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		13949.21	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amy Eddie			07
Mailing Address 5006 Lakeview Road			Amount
City	State	Zip Code	3.60
North Little Rock	AR	72116	Transaction ID : 2687821e-319b-47ad-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		13949.21	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		33.60
.,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	PAGE 41 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Andrew Shiver	07 01 / Y Y Y Y Y
Mailing Address 110 Earlston Ct	Amount
City State Zip Code	50.00
Knightdale NC 27545	Transaction ID: 3e76ca73-073b-4346-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 01 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Andrew Shiver	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Earlston Ct	Amount
City State Zip Code	18.30
Knightdale NC 27545	Transaction ID: 1f5a523c-2395-491a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 07 01 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	se President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 139441.05	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	68.30
(b) SUBTOTAL of Unitemized Independent Expenditures	······· <b>)</b>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PENT EXTEND	TIONES	<u> </u>	PAGE 42 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Beverly Williams			07 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		97.50
Greensboro	NC	27407		: 9dd75f3c-871c-46e5-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Beverly Williams			07	01 / 2014
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		17.10
Greensboro	NC	27407		: 626c0bd6-fd29-4da6-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	iditures			114.60
			7	4 4
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 02	2014
Signature				

Schedule E)	II EXI END	ITORES	<b>⊢</b>	PAGE 43 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Phillip Williams			Date of Public	Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 Amount	01 2014
011	0	7: 0 1		20.00
City Greensboro	State NC	Zip Code 27407		90.00 9: 2405499c-d4de-40fe-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Darius Beverly			M = M /	Distribution/Dissemination
Mailing Address 157 Bishop Drive			Amount	01 2014
City	State	Zip Code		35.00
Avondale	LA	70094		: e216a387-773d-4791-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	38736.28	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	125.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		<b>•</b>	
(c) TOTAL Independent Expenditures				
			P	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 02	2014
Signature				

Schedule E)	INI EXI ENE	ATOTILO	_	AGE 44 OF 48 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Ms. Dinah Beverly			07 /	01 / 2014
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		35.00
Avondale	LA	70064		: bfa4669c-a35c-420c-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	38736.28	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Ms. Dinah Beverly			07 /	01 / 2014
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		4.20
Avondale	LA	70064		<b>43527a6f-b253-48a8-9</b> ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M / 07	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	38736.28	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			39.20
, ,			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· <b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02	2014
<del></del>				

Schedule E)	PENT EXICITE	TI OTILO	PAGE 45 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			07
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	15.00
Charlotte	NC	28211	Transaction ID : f0af297b-9288-4ff2-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7,	139441.05	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	19.20
Charlotte	NC	28211	Transaction ID : e981d69d-cc21-49dc-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 01 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	139441.05	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		34.20
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· •
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g. accio			

Schedule E)	II EXI EI	ITOTILO		PAGE 46 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Earl Stewart			07 /	01 / 2014
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code		80.00
Snowcamp	NC	27349		0 : c1a312f6-a7c4-417d-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	139441.05	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Earl Stewart			07 /	01 / 2014
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code		7.50
Snowcamp	NC	27349		: 53ac4a6f-0f72-4b26-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	139441.05	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditur	es			87.50
			4	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	tures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 02	2014
- 9				

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		IN EXILINA	II OILEO		PAGE 47 OF 48 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
				TV.	M = M / D = D / Y = Y = Y
Check if 24	-hour report X 48-hour report	X New rep	oort Amends repo	ort filed on	
Full Name o Kenny H					of Public Distribution/Dissemination
	ess 6412 Osage Dr				07 01 2014
Walling Addi	6412 Osage Dr			Amou	unt
City		State	Zip Code		10.00
North Little	rock	AR	72116		saction ID: 98c3c71d-707d-476b-9 of Disbursement or Obligation
Purpose of I Salary	Expenditure		Category/ Type 001		07 01 7 2014
Name of Fe	deral Candidate		Support	Office Sough	ht: House District:00
Mr. Mark L F	Pryor		X Oppose	Presid	lent State: AR
	ar Year-To-Date ction for Office Sought	7 7	13949.21	Disbursemer 2014	nt For:
Full Name of	f Payee			Date	of Public Distribution/Dissemination
Kenny H	arris			Г	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Add	ress 6412 Osage Dr				للنبا لنا لن
				Amou	unt
City		State	Zip Code		0.90
North Little		AR	72116	Transa Date	action ID: 6415ba28-a276-4ccb-9 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		07 / 01 / 2014
Name of Fe	deral Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark L F	Pryor		X Oppose	Presid	dent Senate State: AR
	ar Year-To-Date sction for Office Sought	· · · · · · ·	13949.21	Disbursemer 2014	nt For:
(a) SUBTOTA	AL of Itemized Independent Expendit	ures		•	10.90
(b) SUBTOTA	AL of Unitemized Independent Exper	ditures		· •	171171171
(c) TOTAL In	dependent Expenditures			· •	7
with, or at the		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	02 2014
Signature					

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 48 OF 48 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brian Saltzler			07
Mailing Address 601 S College Road			Amount
City	State	Zip Code	70.00
Wilmington	NC	28403	Transaction ID : da44092c-60df-4b3c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,,	139441.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Brian Saltzler			07
Mailing Address 601 S College Road			Amount
City	State	Zip Code	6.00
Wilmington	NC	28403	Transaction ID: 88730893-ef8f-444b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		139441.05	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		76.00
,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			2568.36
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olynatul <del>c</del>			